

HEROIN & OPIATE ADDICTION TASK FORCE

Seattle & King County

Heroin & Opiate Addiction Task Force – *Charge*

The Task Force members are charged with developing recommendations to the Task Force sponsors to rapidly address the epidemics of heroin and prescription opioid addiction and overdose in King County.

Recommendations will identify steps to both prevent opioid addiction and improve opioid use disorder outcomes including among the most vulnerable people in the County.

Heroin & Opiate Addiction Task Force – *Charge*

The Task Force will focus on recommendations in the areas of opiate abuse prevention, expanded treatment resources, and opiate user health services and overdose prevention.

The recommendations will prioritize evidence-based and evidence-informed tools and interventions that will have the greatest impact on the problem.

The final report of the Task Force will be delivered to the sponsors by September 30, 2016.

Heroin & Opiate Addiction Task Force

– *Ground Rules*

- **Process**
- **Expectations**
- **Media**
- **Website development**

Heroin & Opiate Addiction Task Force - *Logistics*

- **Task Force Meeting Schedule**
 - 3/25, 4/22, 6/3, 7/22, 8/26, 9/9 (1-4pm)
 - Possibly two Community Meetings
- **Product - Report**
 - September 2016

Introductions

- **Name and Affiliation**
- **Interest in the Heroin and Opiate topic**
- **What can you contribute**
- **What outcomes do you want to see from the Task Force**



JOHNS HOPKINS
BLOOMBERG SCHOOL
OF PUBLIC HEALTH

A CENTURY OF SAVING LIVES—MILLIONS AT A TIME

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

The Prescription Opioid Epidemic: An Evidence- Based Approach

JHU: RECOMMENDATIONS FOR ACTION

◎ **PRESCRIBING GUIDELINES**

- Repeal existing permissive and lax prescription laws and rules.
- Require oversight of pain treatment.
- Provide physician training in pain management and opioid prescribing* and establish a residency in pain medicine for medical school graduates.

* Mentioned in 2016 Washington State Interagency Opioid Working Plan

JHU: RECOMMENDATIONS FOR ACTION

◎ **PRESCRIPTION DRUG MONITORING PROGRAMS (PDMP)***

- Mandate prescriber PDMP use.
- Proactively use PDMP data for enforcement and education purposes.
- Authorize third-party payers to access PDMP data with proper protections.
- Empower licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers.

JHU: RECOMMENDATIONS FOR ACTION

◎ **PHARMACY BENEFIT MANAGERS (PBMs) AND PHARMACIES**

- Inform and support evaluation research.
- Engage in consensus process to identify evidence-based criteria for using PBM and pharmacy claims data to identify people at high risk for abuse and in need of treatment.
- Expand access to PDMPs.
- Improve management and oversight of individuals who use controlled substances.
- Support restricted recipient (lock-in) programs.
- Support take-back programs.
- Improve monitoring of pharmacies, prescribers and beneficiaries.
- Incentivize electronic prescribing.

JHU: RECOMMENDATIONS FOR ACTION

◎ **ENGINEERING STRATEGIES**

- Convene a stakeholder meeting to assess the current product environment (e.g., products available, evidence to support effectiveness, regulatory issues) and identify high-priority future directions for engineering-related solutions.
- Sponsor design competitions to incentivize innovative packaging and dispensing solutions.
- Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.
- Use research to assure product uptake.

JHU: RECOMMENDATIONS FOR ACTION

◎ **OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION***

- Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high-priority future directions for naloxone-related research.
- Partner with product developers to design naloxone formulations that are easier to use by nonmedical personnel and less costly to deliver.
- Work with insurers and other third-party payers to ensure coverage of naloxone products.*
- Partner with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability.
- Engage with the healthcare professional community to advance consensus guidelines on the co-prescription of naloxone with prescription opioids.

JHU: RECOMMENDATIONS FOR ACTION

◎ **ADDICTION TREATMENT**

- Invest in surveillance of opioid addiction.*
- Expand access to buprenorphine treatment.*
- Require federally-funded treatment programs to allow patients access to buprenorphine or methadone.
- Provide treatment funding for communities with high rates of opioid addiction and limited access to treatment.
- Develop and disseminate a public education campaign about the important role for treatment in addressing opioid addiction.*
- Educate prescribers and pharmacists about how to prevent, identify and treat opioid addiction.*
- Support treatment-related research.

JHU: RECOMMENDATIONS FOR ACTION

◎ **COMMUNITY-BASED PREVENTION STRATEGIES**

- Invest in surveillance to ascertain how patients in treatment for opioid abuse and those who have overdosed obtain their supply.
- Convene a stakeholder meeting to create guidance to help communities undertake comprehensive approaches that address the supply of, and demand for, prescription opioids; implement and evaluate demo projects that model these approaches.
- Convene an inter-agency task force to ensure that national public education campaigns about prescription opioids are informed by available evidence and that best practices are shared.
- Provide clear and consistent guidance on safe storage of prescription drugs.*
- Develop clear and consistent guidance on safe disposal of prescription drugs; expand access to take-back programs.*
- Require that federal support for prescription drug misuse, abuse and overdose interventions include outcome data.

2016 Washington State Interagency Opioid Working Plan

INTRODUCTION

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. According to a recent statewide survey of syringe exchange clients, 57% of those who inject heroin said they were “hooked on” prescription opiates before they began using heroin.¹

State government agencies, local health departments, professional groups and community organizations across Washington State have been actively building networks and capacity to reduce morbidity and mortality associated with opioids. Several agency members of the Department of Health’s Unintentional Poisoning Workgroup collaborated to develop a statewide working plan for opioid response.

The **WA State Interagency Opioid Working Plan** outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time.

PLAN OVERVIEW

The WA State Interagency Opioid Working Plan includes four priority goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.



Transforming lives



Caleb Banta-Green PhD, MPH, MSW

Senior Research Scientist Alcohol & Drug Abuse Institute

Affiliate Associate Professor School of Public Health

Affiliate Faculty Harborview Injury Prevention & Research Center

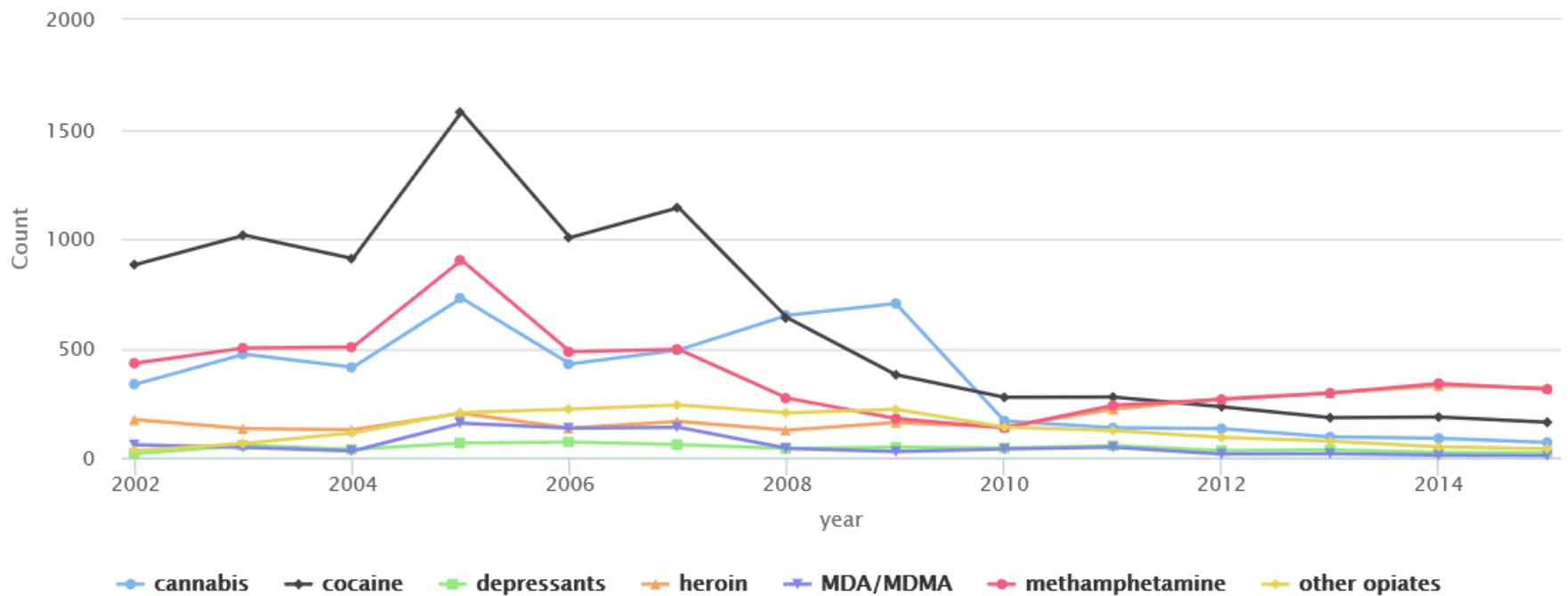
UNIVERSITY OF WASHINGTON

March 25, 2016

**KING COUNTY DRUG
TRENDS
2015**

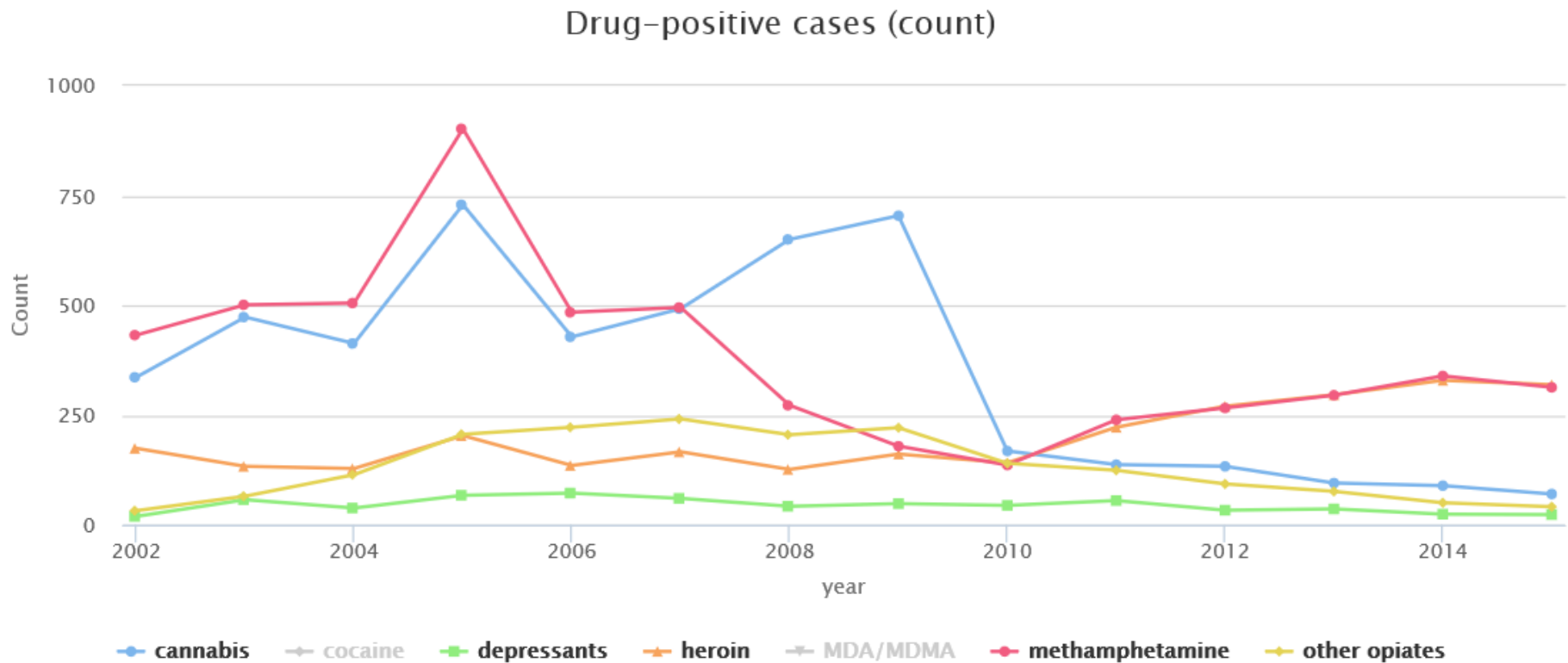
Police Evidence Testing from King County

Drug-positive cases (count)



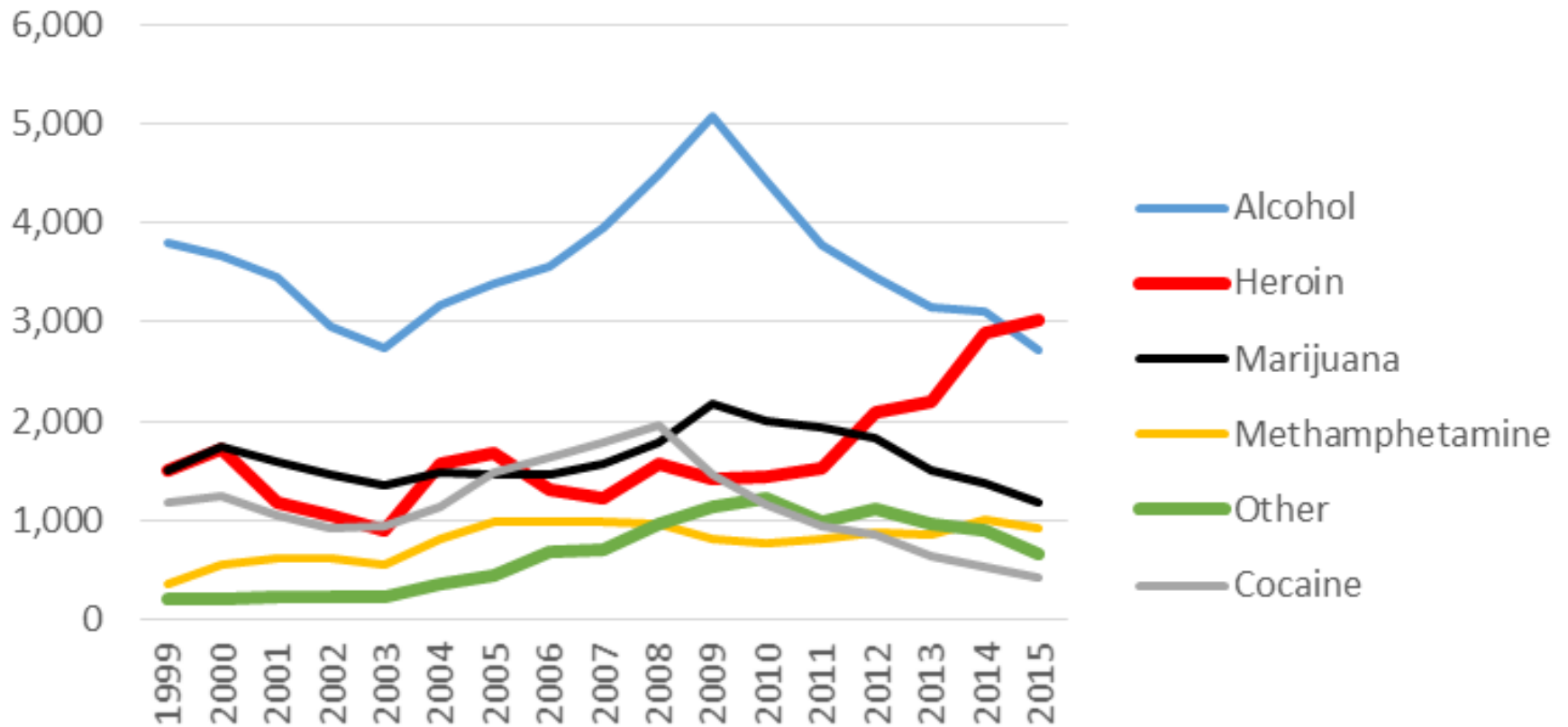
Data source: Forensic Laboratory Services Bureau, Washington State Patrol

Police Evidence Testing from King County



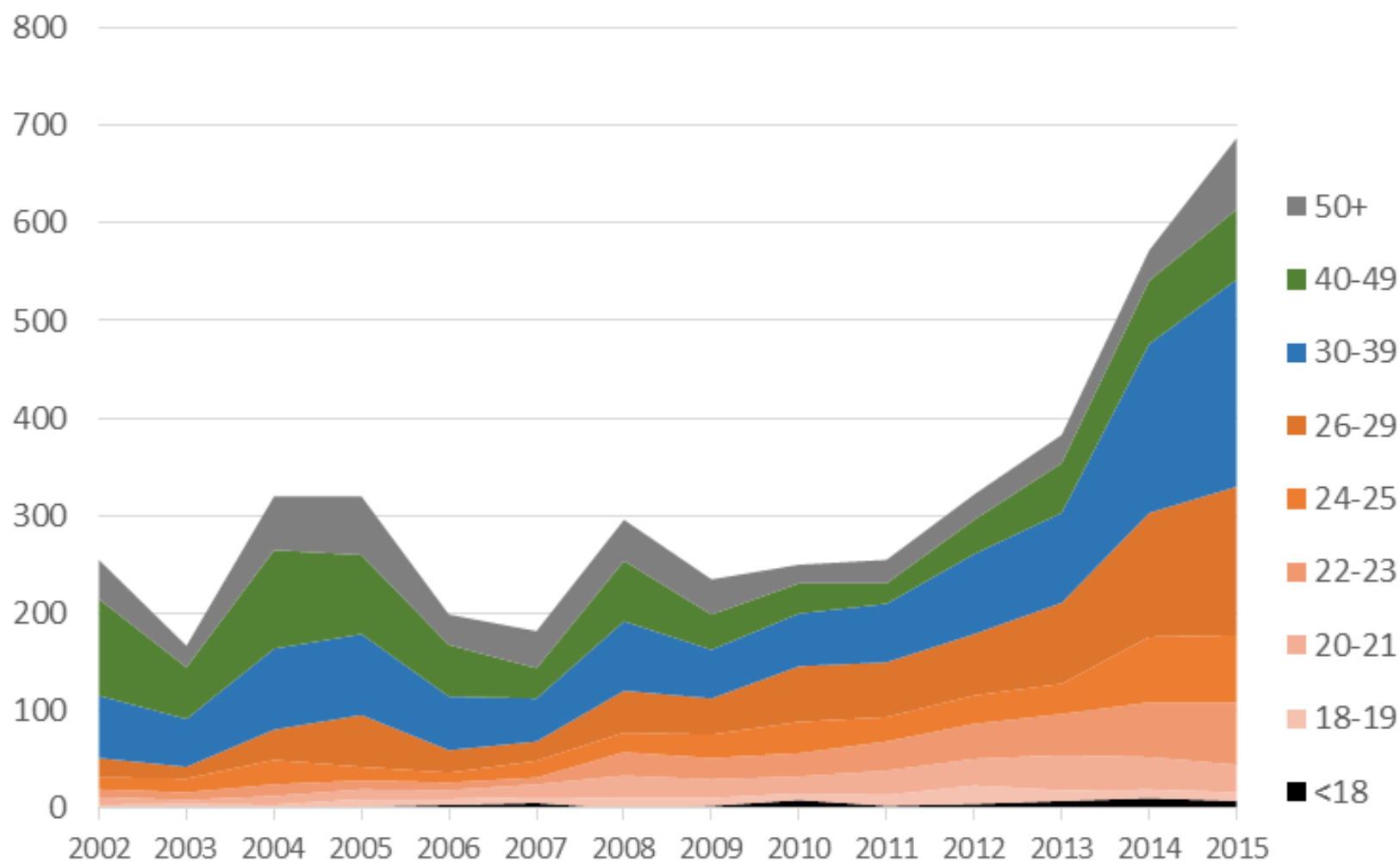
Data source: Forensic Laboratory Services Bureau, Washington State Patrol

Treatment Admissions King County, WA



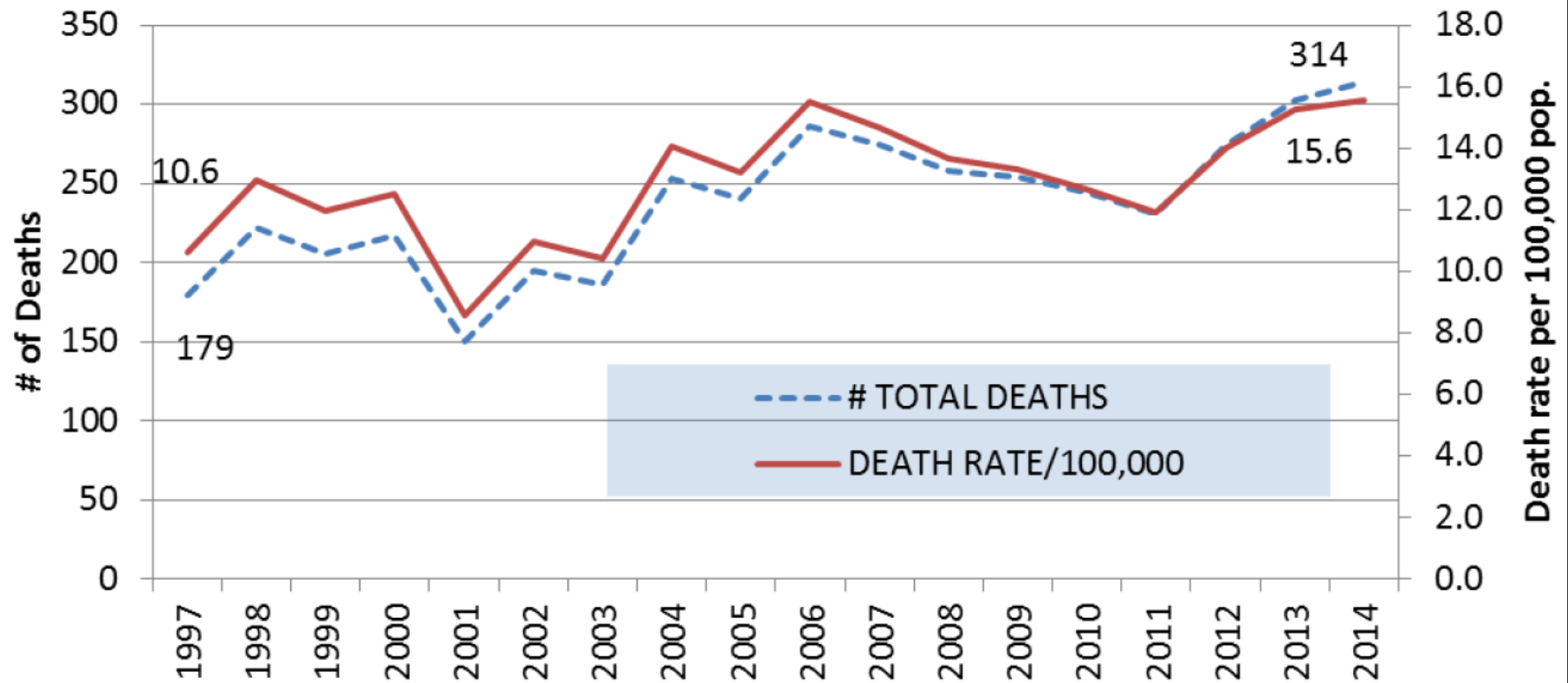
Data source: DSHS DBHR TARGET, publicly funded

Heroin- First treatment admission King County, WA



Data source: DSHS DBHR TARGET, publicly funded

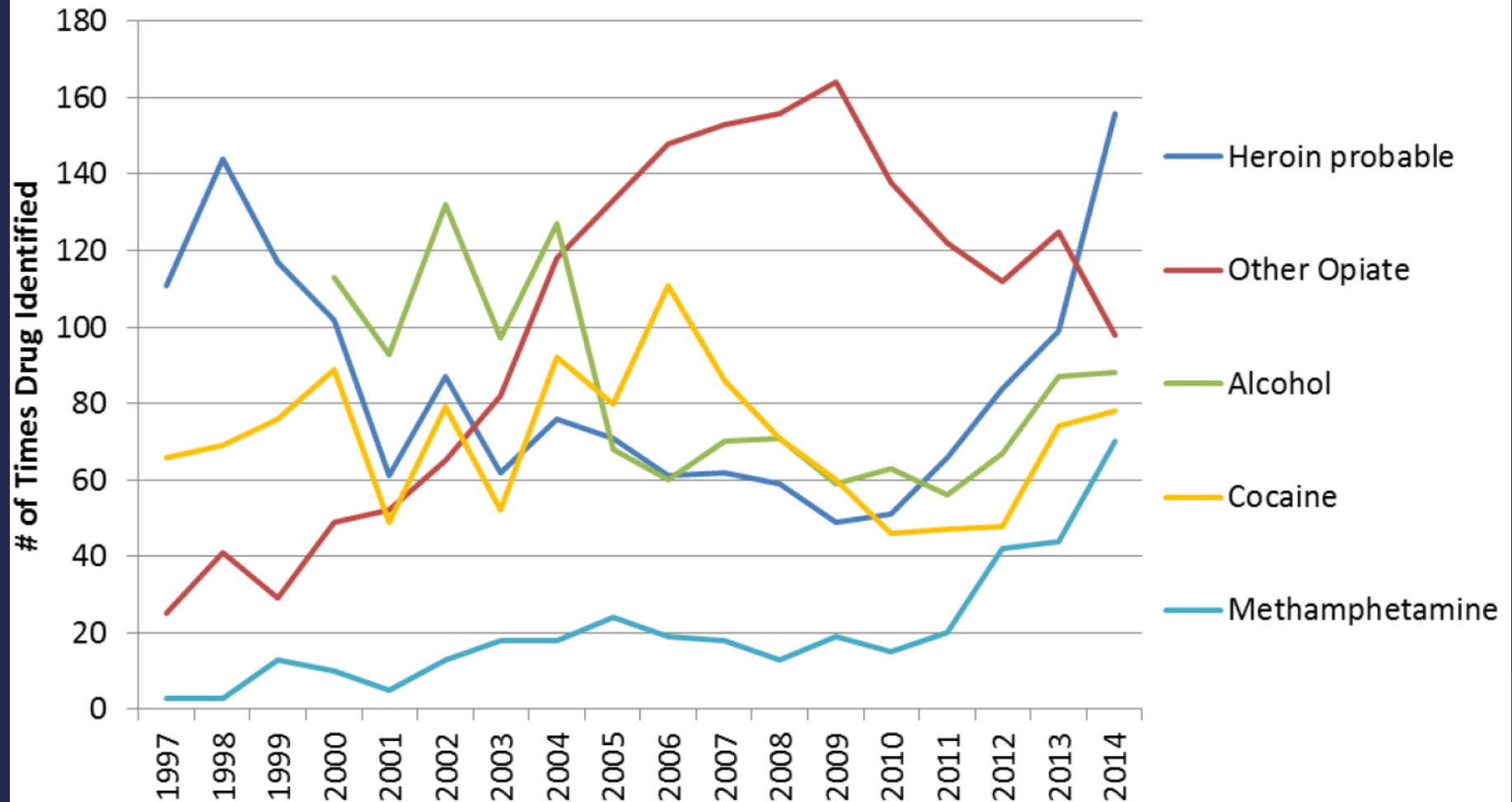
Drug Caused Deaths Counts & Rates King County WA



Data source: King County Medical Examiner

Data analyses: Alcohol & Drug Abuse Institute

King County Drug Caused Deaths Drugs Identified



Data source: King County Medical Examiner

Data analyses: Alcohol & Drug Abuse Institute

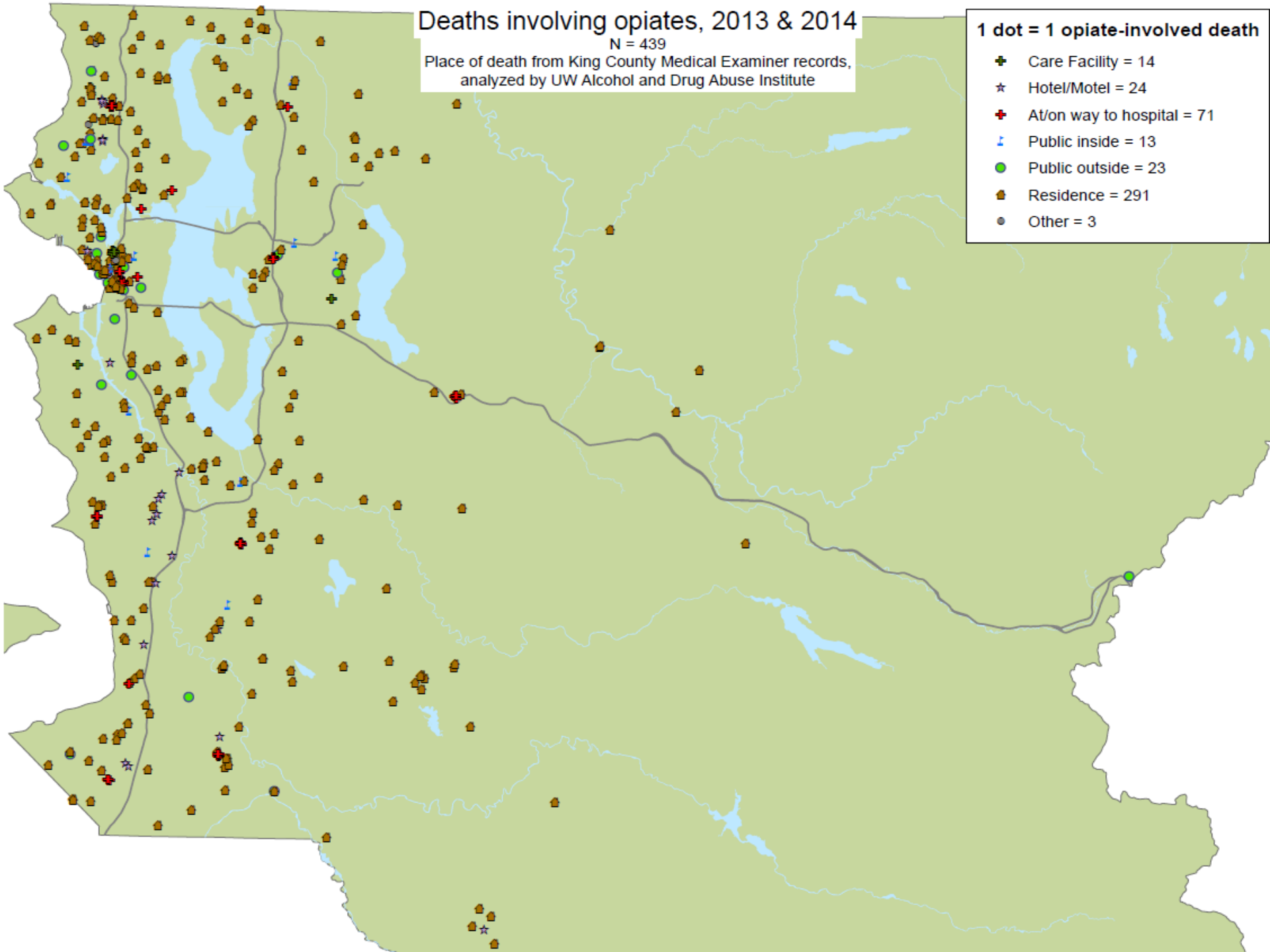
Deaths involving opiates, 2013 & 2014

N = 439

Place of death from King County Medical Examiner records,
analyzed by UW Alcohol and Drug Abuse Institute

1 dot = 1 opiate-involved death

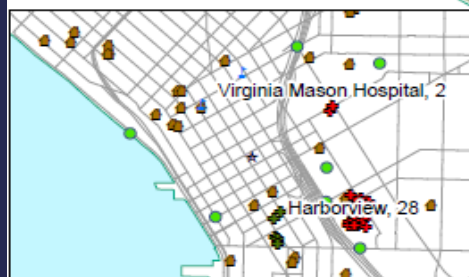
- ✚ Care Facility = 14
- ★ Hotel/Motel = 24
- ✚ At/on way to hospital = 71
- ♢ Public inside = 13
- Public outside = 23
- 🏠 Residence = 291
- Other = 3



Seattle deaths involving opiates, 2013 & 2014

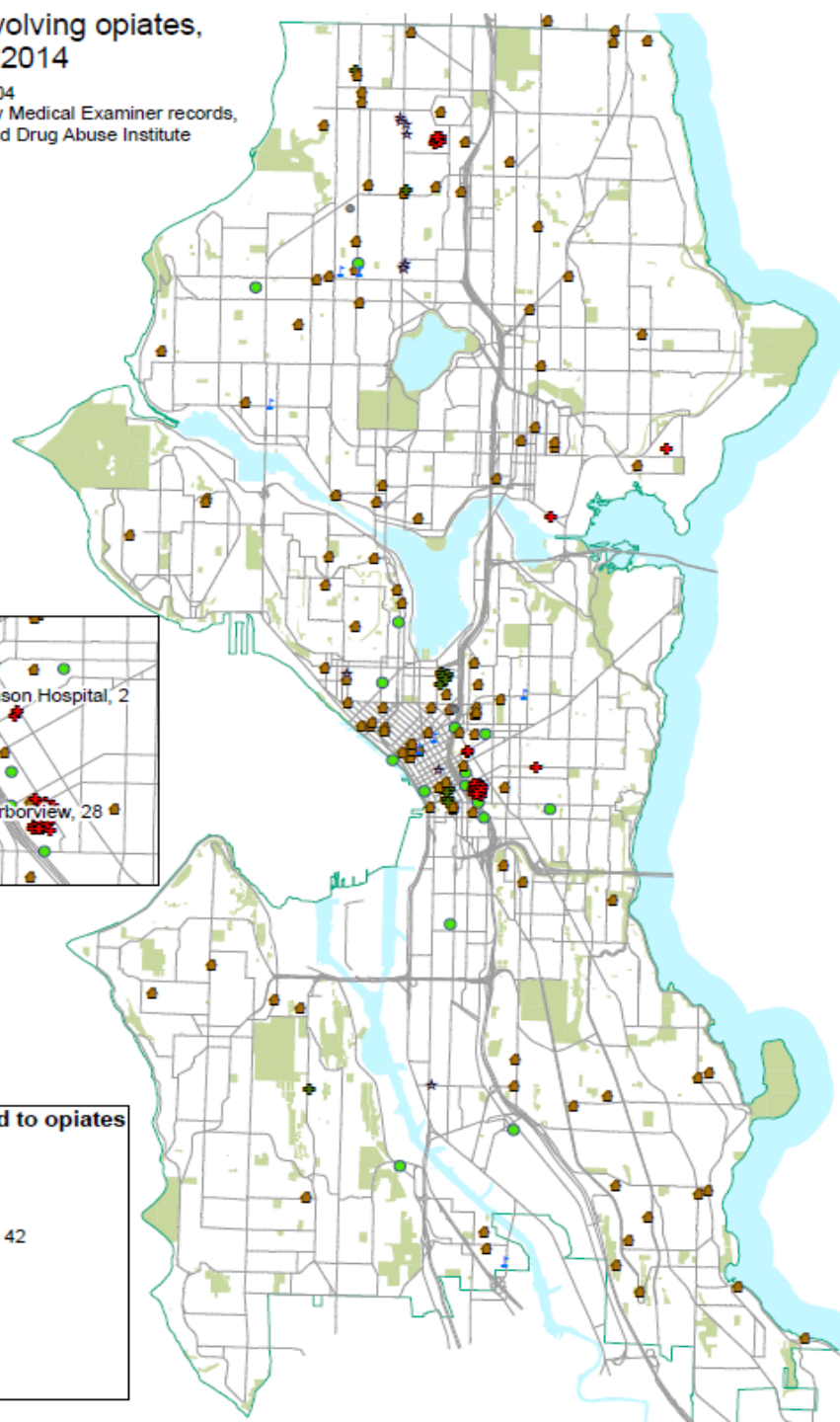
N = 204

Place of death from King County Medical Examiner records,
analysis by UW Alcohol and Drug Abuse Institute



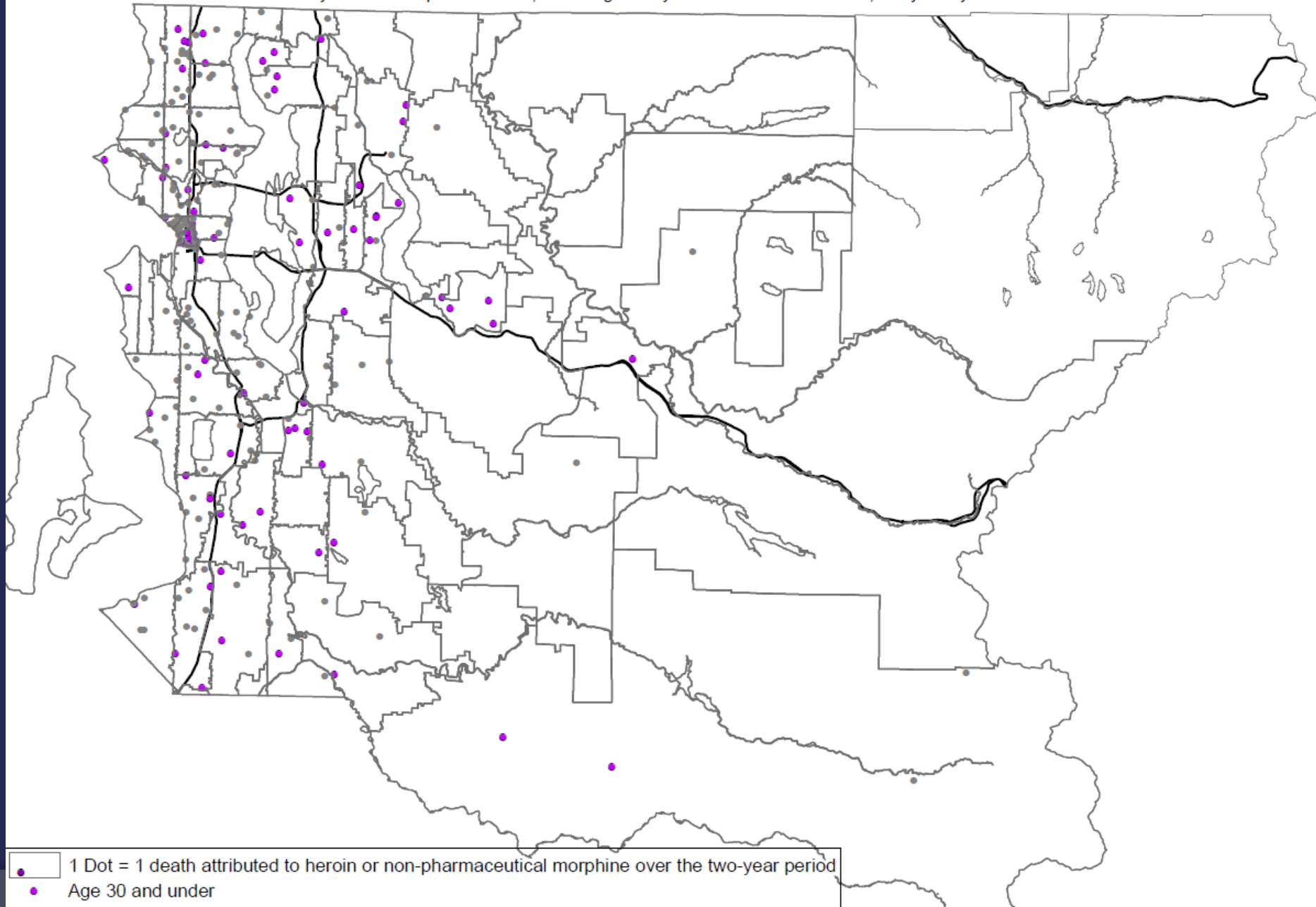
1 dot = 1 death attributed to opiates

- ✚ Care Facility = 13
- ★ Hotel/Motel = 10
- ✚ At/on way to hospital = 42
- ⚡ Public inside = 7
- Public outside = 16
- 🏠 Residence = 114
- Other = 2



Deaths from (probable) heroin, ages 30 & under, 2013 & 2014

By ZIP Code of place of death, from King County Medical Examiner records, analyzed by ADAI



Results from the 2015 Washington State Drug Injector Health Survey

Susan Kingston & Caleb Banta-Green

BACKGROUND

Injection drug use occurs across Washington State. A conservative estimate of the number of people who inject illegal drugs in Washington State is 25,636.¹ Recent injection drug use was reported by 12,687 Washingtonians who entered publicly funded treatment for the first time between 2006 and 2015. While new HIV infections have remained low within this population (injection drug use has accounted for only 10%-12% of newly reported HIV cases in Washington in recent years)², the prevalence of hepatitis C is much higher. One recent Seattle area study of people who inject drugs (PWID) found a hepatitis C prevalence rate of 73%.³ Drug overdose fatalities have been rising steadily across the state; at least 293 people died from a heroin-related overdose in 2014, roughly double the number who died from heroin in 2008. Deaths involving cocaine, methamphetamine, and pharmaceutical opioids continue to persist.

Figure 1. Survey respondents by zip code and survey site

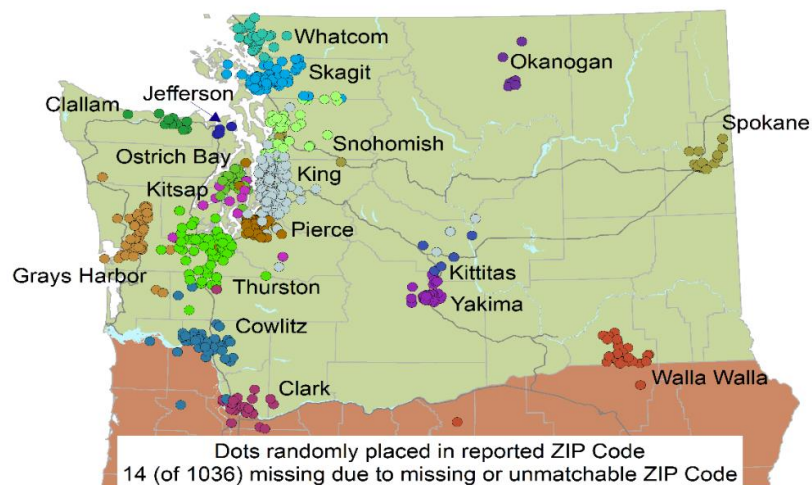


Figure 2. Main drug used by participants

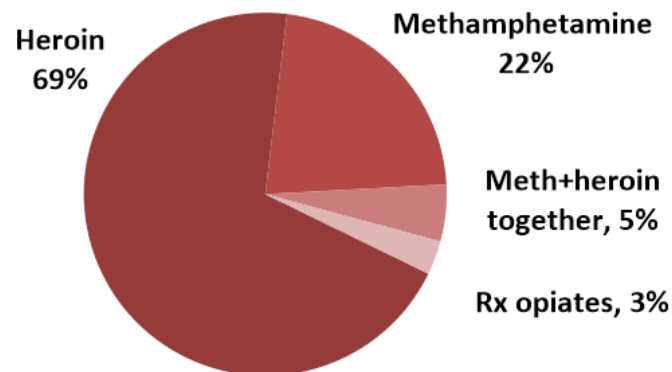


Figure 3. “Before you began using heroin were you hooked on prescription-type opiates?”

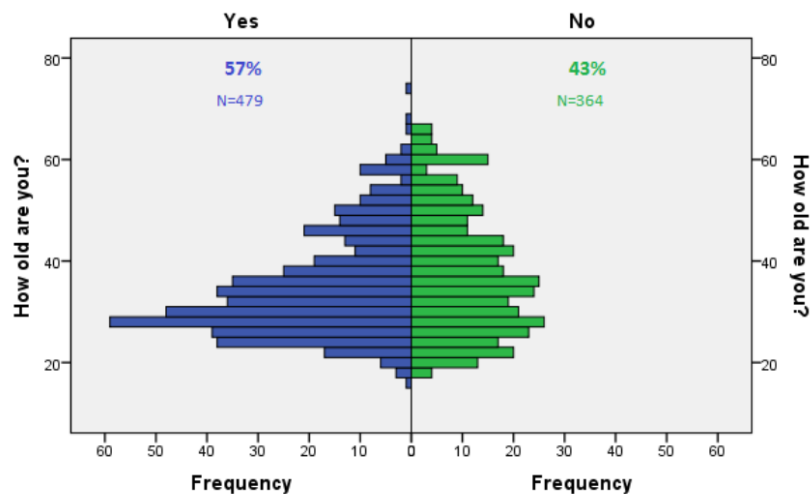
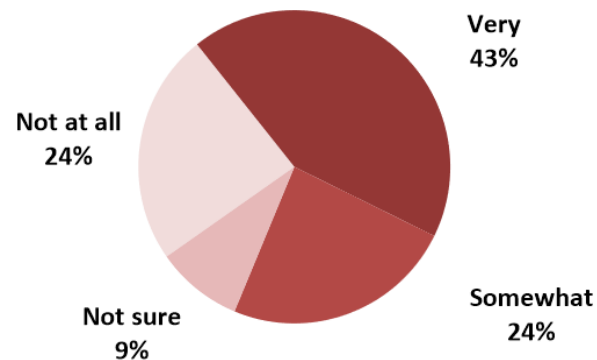
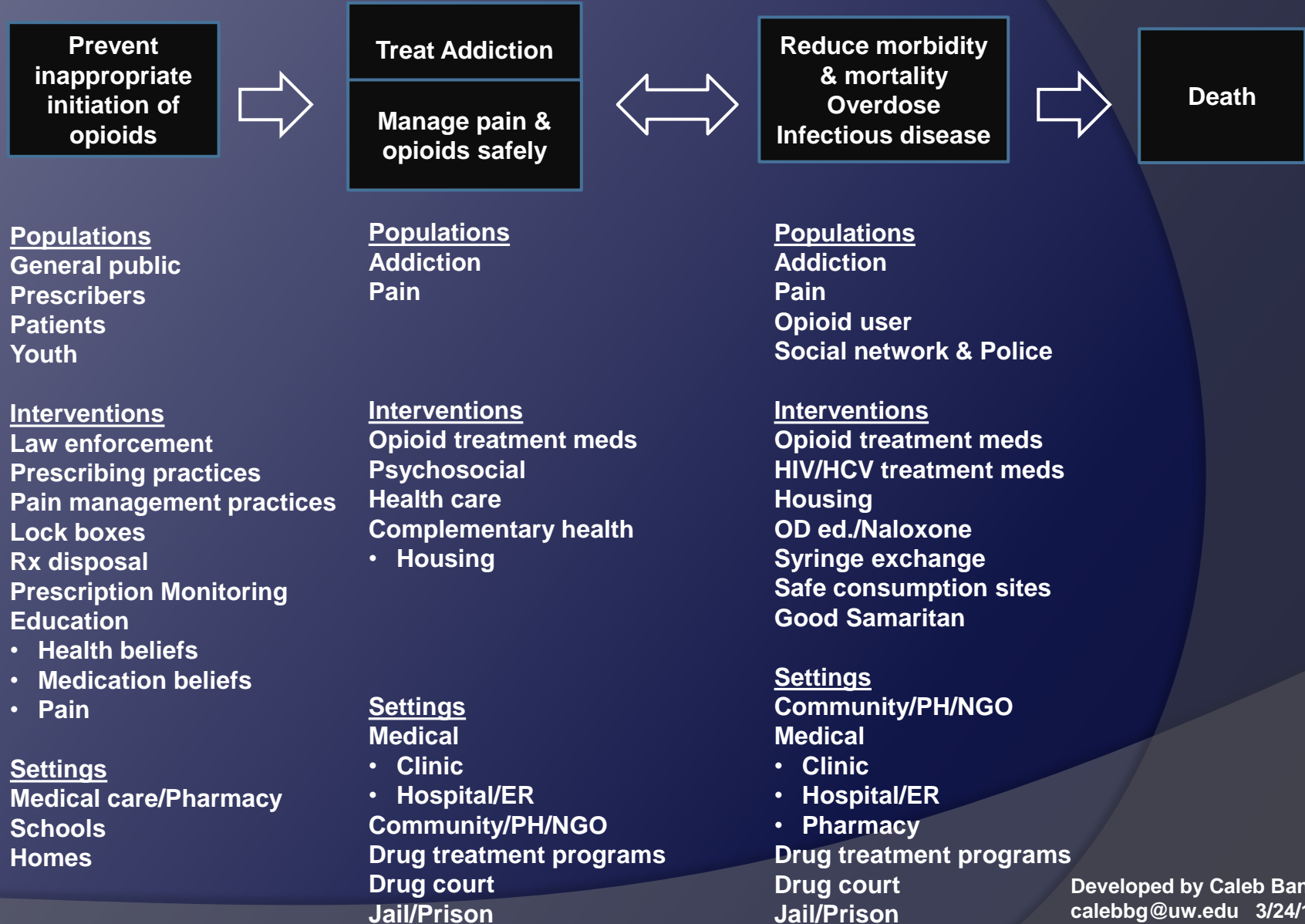


Figure 4. Interest in getting help to reduce or quit drug use among those not in drug treatment



Continuum of care for opioid misuse



Current Activities

- **CDC Prescriber Guidelines**
- **SPD Carrying Naloxone**
- **Naloxone distribution**
- **MAT expansion**
- **Prescription Drug Collection**
- **Insite events this past week**
- **Others**

Heroin & Opiate Addiction Task Force

- ◎ **Product:** Key short and long term (not exhaustive) recommendations
- ◎ **Priorities:** Actions for local implementation; greatest impact; avoid redundancy with other activities
- ◎ **Evidence-based and Evidence-informed practices**
- ◎ **Leverage other activities, partnerships** where appropriate
- ◎ **Resources** required

Heroin & Opiate Addiction Task Force – *Workgroups*

1. Primary Prevention

- Prescriber Education
- Public Education (*Adult & Youth*)
- Secure Medication Return Program (Prescription Drug Take Back)

2. Treatment Expansion & Enhancement

- Treatment on Demand (*Abstinence-based & Medication Assisted*)
- Innovative Suboxone Prescribing Practices

3. User Health Services & Overdose Prevention

- Expand Access to Naloxone
- Safe Injection Facilities

Proposed Workgroup Assignments

Primary Prevention - Caleb	Treatment Expansion and Enhancement- Brad	User Health and OD Prevention- Jeff
Pegi McEvoy	Scott Lindsay	Jim Pugel
Pat Sanders	Dan Cable	Frank Chaffee
Annie Hetzel	Molly Carney	Mark Putman
Susan Mazor	Norm Johnson	Thea Oliphant -Wells
Penny Legate	Daniel Malone	Shilo Murphy
David Dickinson	Mary Taylor	Ryan Oftebro
Charissa Fotinos	Roland Akers	Michael Ninburg
Jeff Sakuma	Roger Dowdy	Mark Cooke
Kevin Milosevich	Darcy Jaffe	Reba Gonzales
Andy Adolfson	Tim Bondurant	Steve Stocker
	Robert Merner	Patricia Sully
	Tom Rea	Annette Hayes
	Catherine Lester	
	Mark Larson	
	Jim Walsh	
	Lisa Daugaard	

Workgroup Considerations

- ◎ Review workgroup main charge
- ◎ What else do we want to accomplish in the focus area?
- ◎ Considerations for guiding the work:
 - Current Actions (Leverage)
 - Needed Actions
 - Policy Changes
 - Funding Recommendations
- ◎ Determine operating format for ongoing work